

Exploring Resiliency in Adult Children of Alcoholics

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A consequence of using alcoholism as a "disease" model is the impact of labeling strategic survival behaviors as "pathological," "sick," or "deviant." An implication for social work practice is the need to consider the impact of practice frameworks which may also inadvertently label variation in cultural expression, lifestyles, or periods of reassembly in negative terms. Such variations in living or behaviors may in fact be indicative of creative coping strategies and strengths in the face of personal or familial stress and in many cases institutional and social oppression. Likewise, there is a limited language in mental health practice to describe strength, competency, or the process by which an individual survives devastating conditions and grows to a point of flourishing. Qualitative data were examined by the researcher who developed an alternative framework to the disease model of alcoholism. This organizing structure is called the Differential Resiliency Model (DRM). The Differential Resiliency Model embraces the wholeness of persons in the context of their environment. Wholeness offers a symmetry of a perspective that includes the functional and dysfunctional, growth, deterioration, and reassembly or regeneration. The model while an original conceptualization, draws upon the work of others (Antonovsky, 1985; Flach, 1988; Freeman and Palmer, 1989; and Weick, 1985).

Resiliency is operationally defined by the author as:

A process made up of greater or lesser periods of disruption and the development of greater or lesser competencies in life management. The use of constructive competencies includes concrete (behavioral) and cognitive problem-solving skills that contribute to self-enhancement.

The DRM uses categories or stepping off places which provide snapshots of each degree or type of resiliency. These degrees of resiliency are: Anomic Survival, Regenerative Resiliency, Adaptive Resiliency, and Flourishing Resiliency. In the DRM, resiliency is explored across four major life domains: Homeostasis, Coping Strategies, Relationship to Environment, and Energy (Appendix A).

Research Background & Questions

In the past decade, intense interest has emerged concerning the adults who have survived their parents' addiction. The initial interest was focused on the likelihood of children of alcoholics (ACOA's) becoming alcoholic themselves (Goodwin, 1973; Goodwin, 1977; Moos, and Moos, 1984; Bennett, et al. 1987; Parker and Harford, 1988). Other studies and popular literature tend to focus on the emotional and social problems adult children of alcoholics are likely to experience (Ackerman, 1987; Beattie, 1987; Black, 1981; Clair and Genest, 1987; Cermak, 1986; Parker and Harford, 1988). The results of numerous studies (although often flawed) and popular writings present to professional and public alike a rather bleak picture of the alcoholic family and its survivors.

A previous study conducted by Dr. Edith Freeman and Nancie Palmer (1989) which focused on sibling relationships produced an unexpected finding. The research revealed a subgroup of ACOA's who had survived showing evidence of competence and resiliency. Additionally, there are other voices questioning the efficacy of the medical model of

alcoholism as the only means of explaining addictions (Freeman, 1992; Fingarette, 1988; El-Guebaly and Offord, 1977; Peele, 1986). As a result of this research and reading, the author's curiosity about resiliency was formulated into the conceptualization of the DRM. It is used as a centerpiece for the author's dissertation which explored a series of questions related to the concept of resiliency. The questions were:

1. Do degrees of resiliency exist among adult children of alcoholics?
2. If degrees of resiliency exist, are there recognizable and varying patterns of resiliency?
3. What qualities are associated with the presence of particular degrees of resiliency?

Methodology

The primary focus of the dissertation was to explore the first two questions. Question #3 was added to flush out further understanding of the concept of resiliency. Capturing the "what" and "how" of survival in an alcoholic family posed a challenge. These elements cannot be easily quantified and to do so may distort, diminish, or change meaning all together. For example, how can the horror of seeing the bloody aftermath of a mother's attempted suicide or the terror of witnessing a father aim a shotgun at a sibling be translated accurately into some numerical form? What would be the quantitative form of hopelessness or hope? And by what equation could a survivor's transformation from "feeling" dead inside" to "celebrating life" be portrayed? The qualitative method was used to provide the means for capturing these very real life-worlds in rich descriptive and comprehensive form. Specified criteria including age (24-35), and application of a tested instrument, The Children of Alcoholics Screening Test (Pilat and Jones, 1984/85), was used to select the study sample of 10 subjects. Given the exploratory and descriptive nature of this study a purposive sampling method was used. Subjects were selected from four geographic locations throughout the state and included a mix of gender and race and lifestyles although the hoped for ethnic diversity was not achieved. The subjects were interviewed through a semistructured instrument. All interviews were tape recorded.

The interview schedule was independently reviewed by two raters and pretested by the researcher. The author's content analysis was reviewed by two independent inter-raters who also checked reliability through the process of independently coding data according to the specified rules for coding interview content and then determining which category of resiliency their randomly selected subject should be placed. These selections were then matched against the author's placement of the subject in a resiliency category.

Results

The subject's life patterns and experiences (including current living situations) were found to represent the four different types of resiliency described in the Differential Resiliency Model. While a perfect categorical fit was not expected, each subject did have significant features which dominated a particular type of resiliency or clearly indicated transition from one degree of resiliency to another. Selected subjects (given pseudo names) were used to highlight the dynamic features of the model including its versatility in representing an individual's progress in survival and growth as well as capturing the positive attributes of this process when applied to persons of diversity. For example, the reader will

meet "Chance" who continues to live in a state of Anomic Survival much like the home he grew up in. He was the only subject who clearly belonged in this category. Two subjects were in transition from Anomic Survival to Regenerative Resiliency. "Anna" was selected by the author to illustrate important features of this transition. Her profile is important because her growth toward a greater degree of resiliency was negatively influenced by the loss of significant others who had in her early life ameliorated the alcoholism, violence, and sexual abuse by her mother. Anna's presentation also indicates that the use of therapeutic resources can be useful in providing support and encouragement when significant others are not present.

Representing Regenerative Resiliency is "Saul." Like Anna, Saul devoted tremendous energy into coping and subsequently healing from the effect of a very violent and alcoholic home. Suffering from a Bipolar Disorder, Saul must continually cope with the changing nature of his condition. He may teach mental health workers something about what it takes to sustain the achievement of constructive coping strategies in the face of rather constant disruption due to a serious and persistent mental illness. "Rose" was used to represent the features of Adaptive Resiliency. Her story shows how a significant change in the family environment and/or constellation can have a significant and enhancing effect in unleashing emotional resources for the remaining parent and child(ren).

Finally, "Carmen" illustrates one of two subjects who had reached the highest degree of Flourishing Resiliency. The author traces, Carmen's life journey through the different degrees of resiliency. The importance of the social work perspective of person-in-environment is seen in her life. As a woman who is Hispanic and a lesbian, she represents survival not only within the family but within the larger context of society as well.

Utility For Practice

The study and the model provide a new language and a beginning understanding of the process by which an individual develops resiliency. Findings also produced information concerning the features associated with the presence of different degrees of resiliency so that practitioners may more timely provide appropriate support and understand what vital resources are needed for the process of change. Findings suggest that social work practitioners must be educated about impact of alcohol in families including issues of sexual, physical, and emotional abuse of children. An unexpected response from many subjects was their consistent indication of efforts to reach out or cry for help in some way to significant others only to have their efforts ignored or punished because they were "acting out".

Practice calls for extended efforts to establish comprehensive responses to families and children in need, first to help them survive and then to grow. Additionally, practice with alcoholic families is predicated on the belief that the alcohol is the primary and driving force within the family. This study presents findings that indicate that alcohol may be serving a secondary function. For example, a significant number of subjects (8 of 10) had family members with severe and chronic medical conditions which were often not medically treated but who coped with these conditions through the use of alcohol. Conditions included, arthritis, dental disease, chronic pain due to serious injury, and mental illness. Alcohol is cheap and accessible as a medicinal resource.

A hoped for outcome of this research is to stir debate, raise questions about practice frameworks and beliefs and to encourage others to study people who flourish and why.